



COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My citizenship, residence and post office address are	as listed below next to my name.
I believe I am the original, first and [] sole/[x] joint inv which a patent is sought on the invention entitled: Det	entor of the subject matter which is claimed and for ermination of Cytotoxic Substances in Whole Effluent

Sample	9S		•	
the spe	cification of which		•	
(a) []	is attached hereto.			
(b) [X]	was filed on May 28, 1998 as Application Serial No. on	09/086,138	_ and was amende	ed
(c)[]	was described and claimed in International Application No. amended on		filed on	_ and

Acknowledgment of Duty of Disclosure

I hereby state that I have reviewed and understood the content of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the patentability of the subject matter claimed in this application in accordance with Title 37, Code of Federal Regulations § 1.56(a).

Power of Attorney

I hereby appoint Carl Oppedahl, PTO Reg. NO. 32,746, Marina T. Larson, PTO Reg. No. 32,038, and Nancy J. Parsons, PTO Reg. No. 40,364 of the firm of OPPEDAHL & LARSON, having office at P.O. Box 5270, 611 Main Street, Frisco, CO 80443 as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO: OPPEDAHL & LARSON P.O. Box 5270 Frisco, CO 80443-5270

DIRECT TELEPHONE CALLS TO: OPPEDAHL & LARSON (970) 668-2050

F	II F	NO

ETLI.P-002-US

I hereby claim or jority under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate Black below and have identified any foreign applications for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

EARLIEST FOREIGN A APPLICATION	APPLICATION(S), FILED WITHI	N TWELVE MONTHS (6 MONTHS FOR DESIG	T TO SAID
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	PRIORITY CLAIMED
				YES[]NO[]
				YES[]NO[]
				YES[]NO[]
FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION				
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR	LAST NAME JAFFE	FIRST NAME ROBERT	MIDDLE NAME L.
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE Long Island City	STATE OR COUNTRY OF RESIDENCE New York	COUNTRY OF CITIZENSHIP USA
POST OFFICE ADDRESS 45-10 Court Square		CITY Long Island City	STATE/COUNTRY ZIP CODE New York 11101
December 1, 1978		SIGNATURE Lobert J.	Jaffl
			7 11

[] Signature for additional joint inventor attached. Number of Pages

[] Signature by Administrator(trix) or legal representative for deceased or incapacitated inventor. Number of Pages ___.

[] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of Pages ___.

PTO/SB/09 (12-97)
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Patent and Trademark
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information	unless it displays a valid cities and
STATEMENT CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) & 1.27(b))-INDEPENDENT INVENTOR	Docket Number (Optional) ETLI.P-002-US
Applicant, Patentee, or Identifier: Jaffe, Robert L. Application or Patent No.: 09/086,138 Filedor Issued: May 28, 1998 Title: Determination of Cytotoxic Substances Samples. As a below named inventor, I hereby state that I qualify as an independent inventor purposes of paying reduced fees to the Patent and Trademark Office described the specification filed herewith with title as listed above. The application identified above. I have not assigned, granted, conveyed, or licensed, and am under no obligation grant, convey, or license, any rights in the invention to any person who would not qualify under 37 CFR 1.9(c) if that person had made the invention, or to any concern with business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(d) or a nonprofit organizat	tor as defined in 37 CFR 1.9(c) ed in: under contract or law to assign, ualify as an independent inventor hich would not qualify as a small k 1.9(e).
Separate statements are required from each named person, concern, or organizal stating their status as small entities. (37 CFR 1.27) I acknowledge the duty to file, in this application or patent, notification of any characteristic entitlement to small entity status prior to paying, or at the time of paying, the maintenance fee due after the date on which status as a small entity is no longer Robert L. Jaffe NAME OF INVENTOR NAME OF INVENTOR	ange in status resulting in loss of
	STATEMENT CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) & 1.27(b))—INDEPENDENT INVENTOR Applicant, Patentee, or Identifier: Jaffe, Robert L. Application or Patent No.: 09/086, 138 Filed or Issued: May 28, 1998 Title: Determination of Cytotoxic Substances Samples. As a below named inventor, I hereby state that I qualify as an independent inventor purposes of paying reduced fees to the Patent and Trademark Office described the application filed herewith with title as listed above. The patent identified above. I have not assigned, granted, conveyed, or licensed, and am under no obligation grant, convey, or license, any rights in the invention to any person who would not quanter 37 CFR 1.9(c) if that person had made the invention, or to any concern who business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR Each person, concern, or organization to which I have assigned, granted, convex obligation under contract or law to assign, grant, convey, or license any rights in Single States and Single State

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Date